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THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WARREN M. FARNWORTH
SALMAN AKRAM

Serial No. 09/266,237

Art Unit: 2829

Filing Date: 03/10/1999

Examiner: KOBERT, R.

For: TEST INTERCONNECT AND TEST SYSTEM
FOR BUMPED SEMICONDUCTOR COMPONENTS
(AS AMENDED)

Attorney Docket No. 97-1433

PETITION TO ACCEPT LATE PAYMENT OF ISSUE FEE

OCTOBER 11, 2004

Mail Stop Petition
Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant requests acceptance of the issue fee in the above case because the "Notice Of Allowance And Fees Due" mailed 06/08/2004, having a date due of 09/08/2004, was not received by Applicant until 10/07/2004. As grounds for this Petition Stephen A. Gratton, Attorney For Applicant states as follows.

1. A "Supplemental Notice Of Allowablity" mailed 09/22/2004 was received by Applicant.

2. On 10/07/2004 Applicant contacted Examiner Kobert stating that the "Supplemental Notice Of Allowability" had

10/15/2004 FMETEKI2 00000114 09266237

01 FC:1460 130.00 DP
Adjustment date: 11/04/2005 AKELLEY
10/15/2004 FMETEKI2 00000114 09266237
01 FC:1460 -130.00 DP
Repln. Ref: 11/04/2005 AKELLEY 0008441900
DAH:071857 Name/Number:09266237
FC: 9204 \$130.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/1/05</u>		2 Serial/Patent # <u>09266237</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	Pet.	10/14/04	\$ 130.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 130.00								
8 TO BE REFUNDED BY:											
10 REASON:		<input checked="" type="checkbox"/> Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>7</td><td>--</td><td>1</td><td>8</td><td>5</td><td>7</td></tr></table>			0	7	--	1	8	5	7
0	7	--	1	8	5	7					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Pet. 1.181</div>										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Pets Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>272-3206</u>									
OFFICE: <u>Pets</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/3/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: